

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 050 ****61.25

DOCUMENT # N07065

1. Entity Name
FIRST UNITARIAN UNIVERSALIST CONGREGATION OF THE PALM BEACHES, INC.



Principal Place of Business
**635 PROSPERITY FARMS RD.
 N.PALM BCH., FL 33408**

Mailing Address
**635 PROSPERITY FARMS RD.
 N.PALM BCH., FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-6162395

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWE, ROBERT C
 635 PROSPERITY FARMS RD
 NORTH PALM BEACH, FL 33408**

Name **HUBER, BONNIE B.**
 Street Address (P.O. Box Number is Not Acceptable)
635 PROSPERITY FARMS RD
 City **NORTH PALM BEACH FL** Zip Code **33408**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonnie Huber, Treas. **BONNIE HUBER, TREAS.** 7/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHMORE, ROBERT 126 LIGHTHOUSE DR JUPITER, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, BETTY 7210 CRYSTAL LAKE DRIVE WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUEN, HENRY 12852 150 COURT N JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLAHAN, JAMES 216 TALL OAKS CIR PALM BCH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARY, REBECCA G 516 OLIVE TREE CIR WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUDDUG, MAIR 531 DATE PALM DR WEST PALM BEACH, FL 33403 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUBER, LARRY 175 CAPE POINTE CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, WENDY 284 MARLBERRY CIRCLE JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMYTH, TRISH 536 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBER, BONNIE 231 POINCIANA DR JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HATZFELD BARBARA 319 CLUB DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, WAYNE 4819 CENTER STREET JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie B. Huber 7/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-627-6105
Date Daytime Phone #